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CENTRAL FAX CENTER**FAX TRANSMISSION****MAY 23 2006****DATE:** May 23, 2006**PTO IDENTIFIER:** Application Number 09/888,079-Conf. #6574
Patent Number**Inventor:** Signo E. Varner, Ph.D. et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszc Hazzard

PHONE: (617) 439-4444**Attorney Dkt. #:** 55821 (71699)**PAGES (Including Cover Sheet):** 21**CONTENTS:** Amendment Transmittal (1 page);
Response to Final Office Action (18 pages);
Certificate of Transmission (1 page)

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Application No. (if known): 09/888,079

Attorney Docket No.: 55821 (71699)

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Amendment Transmittal (1 page);
Response to Final Office Action (18 pages);

AMENDMENT TRANSMITTAL LETTER				Docket No. 55821 (71699)	
Application No. 09/888,079-Conf. #6574		Filing Date June 22, 2001		Examiner M. F. Desanto	
				Art Unit 3763	
Applicant(s): Signe E. Varner, Ph.D. et al.					
Invention: METHOD AND DEVICE FOR SUBRETINAL DRUG DELIVERY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	54	- 54 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiszczy Hazzard Attorney/Agent Reg. No.: 44,368					Dated: <u>May 23, 2006</u>
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					

Docket No. 55821 (71699)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: S. Varner, et al.
Serial No. 09/888,079 Art Unit: 3763
Filed: June 22, 2001 Examiner: M. F. Desanto
For: METHOD AND DEVICE FOR SUBRETINAL DRUG DELIVERY

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MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 02209-9169

Dear Sir:

RESPONSE TO FINAL OFFICE ACTION

Applicants are in receipt of the final Office Action dated March 9, 2006 in the above-identified application. Applicant submits that this response puts the application in condition for allowance, and applicant thus requests entry of this response.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.